

Self-Directed Attendant Care:

A Guide for the Case Manager

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Background

Beginning more than 30 years ago, many states began experimenting with a new form of home and community-based care for individuals who were directing in-home services.

This alternative form of service delivery empowers individuals to direct their own care with the option of choosing some or all of their own care attendants and essentially serving as the direct employers of their caregivers.

The movement gradually gained in popularity because individuals were ready and willing to take charge of their own care and experienced greater satisfaction with their lives once they had done so.

In other states where the program has already been implemented, the level of satisfaction is reportedly very high.



Self-Directed Attendant Care

Self Directed Attendant Care is available as an option to those served under the Aged & Disabled Medicaid Waiver who qualify for attendant care.

The program allows for the hiring of a friend, neighbor, or formally trained person to serve as personal attendant, or

An individual may choose to advertise, interview and hire the bestqualified applicant

Individuals may choose among the following options:

- choose Self-Directed Attendant Care, solely.
- combine Self-Directed Attendant Care with traditional agency-based services.
- utilize the traditional agency-based services they are familiar with.



Frequently Used Terms

- Fiscal Intermediary: Public Partnerships, LLC (PPL) is the fiscal intermediary. This means that PPL will process payroll and taxes.
- Individual or Waiver Program Participant: The Individual or waiver program participant is the person who receives attendant care through the Medicaid Aged and Disabled Waiver.
- Representative: A voluntary, unpaid person who may be appointed to assist a waiver program participant in performing the responsibilities of the employer when the individual chooses not to do so independently.
- Employer, or Employer of Record: This term refers to the person in the household directing the work of the employee. This may be the waiver program participant or a representative.
- **Employee:** The person who provides services to the waiver program participant is the employee or personal attendant.

Role of the Representative

An individual may appoint a Representative to assist in performing the responsibilities of the employer.

The Representative may work with the individual directing care to:

- Complete paperwork
- Determine a schedule for work and the number of employees needed for that schedule

This position is voluntary and not a paid position.

The Representative may also be involved for support. Or, they may be involved in the beginning to get the bulk of the hiring and training and, then, be available on an as needed basis.

This position can be whatever the individual needs to fulfill their responsibilities as the employer.

Who can be a Representative?

- Legal guardian of the individual
- · Family member, or
- Another person identified by the individual receiving care who <u>must</u> be at least 18 years of age
- Another Case Manager not working with the Consumer

Role of the Case Manager

- Information brokerage: Information, explanation, and training.
- Initial Services:
 Counseling and assistance with enrollment and working with the individual directing care to develop and monitor allocation of hours.
- Continuing services:
 Monitoring, evaluation, and assistance with changes if the plan of care changes.



Information Brokerage

Initially, the case manager's role is to:

- Explore the option with your interested and eligible individuals
- Direct the individual or their representative to the online training and the manual: Self-Directed Attendant Care: A Guide for Individual Directing Care
- Discuss whether the program is right for the individual
- Request an enrollment packet from the fiscal intermediary, PPL for the client (this may also be requested by individual)



Initial Services

Once the you and individual agree that they are a good candidate for Self-Directed Attendant Care, you should:

- Address questions for individual concerning services or their plan of care
- Refer individual to Fiscal Intermediary (PPL) for enrollment questions
- Review the Individual Receiving Care / Employer Training Checklist
- Complete Case Manager Checklist in INsite
- Assist with employee worksheet of care hours, times, etc.
- Assure that there is a back-up plan in place
- Change the client's plan of care/cost comparison budget in INsite only after notification from PPL that the individual has completed their enrollment

Please do not make this change until notified by PPL. The existing service provider will be cut off and the consumer could be without care if this change is made before all the paperwork is completed.

Continuing Services

Upon the individual's enrollment in the program, the case manager will:

- Monitor and review usage of allocated hours in plan of care/ cost comparison budget
- Fill out 90-day checklist to monitor quality of care
- Effect changes in service if plan of care changes
- Monitor individual receiving care to assure that he or she is being served appropriately
- Report any concerns of fraud or abuse
- Help with questions that may arise



According to the Medicaid Waiver, self-directed attendant care services may include attendant duties, as specified in the plan of care, including the following:

Personal Care

Bathing (tub, shower); partial bath; oral hygiene; hair care; shaving; intact skin care; dressing; clipping hair; application of cosmetics; hand and foot care.

Mobility

Proper body mechanics; transfer between bed and chair; wheelchairs and motor vehicles; ambulation (not including use of assistive devices).

According to the Medicaid Waiver, self-directed attendant care services may include attendant duties, as specified in the plan of care, including the following:

Nutrition

Feeding including preparation and clean up.

Elimination

Assisting with bedpan, bedside commode, toilet; incontinence or involuntary care; and emptying urine collection and colostomy bags.

According to the Medicaid Waiver, self-directed attendant care services may include attendant duties, as specified in the plan of care, including the following:

- Correspondence and Bill Paying
- Escorting

Community activities that are therapeutic in nature or that assist with developing/maintaining natural supports.

Providers who are hired to provide transportation services will be asked to provide a copy of their valid driver's license and proof of insurance.

According to the Medicaid Waiver, self-directed attendant care services may include attendant duties, as specified in the plan of care, including the following:

- Safety
 - Use of the principles of health and safety in relation to self and client; identify and eliminate safety hazards; and practice health protection cleanliness by appropriate techniques of hand washing.
- Waste Disposal and Household Tasks

What Activities are not allowed?

- Attendant Care services must follow a written plan of care addressing specific needs determined through the client's assessment.
- The Medicaid Waiver does not allow for medical procedures at this time.
- Attendant Care services will not be provided to medically unstable clients as a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician, or other health professional.
- Coverage questions should be referred to the Medicaid Specialist in your office.

What Activities are not allowed?

Services that are exclusively for the benefit of other household members are not allowed. Examples include:

- Running errands for other household members.
- Cooking for other household members.
- Completing laundry for other household members.
- Providing childcare for other household members.

Under the CHOICE program, certain medical procedures could be performed by attendants if a physician authorized them. Under the Medicaid Waiver, there is no provision for this.

What Activities are not allowed?

Medical Services are not allowed; examples are in the following list:

- Bearing of full weight of individual during transfer.
- Assistance with ambulation using assistive devices.
- Specialized feedings.
- Other activities which must be performed by a licensed health care professional.
- Total lift transfer of as a quadriplegic.
- Passive range of motion exercises.
- Skin care on broken skin.
- Occupied bed changes.
- Bed baths.



As an employer, the individual directing care or his or her representative takes on some responsibilities that he or she must be fully aware of. Employer Responsibilities include:

- Decide whom he wants to provide Self-Directed Attendant Care services and inform the case manager.
- Complete the required enrollment packet for the Self-Directed Attendant Care program independently, with the help of another person, or with the help of the case manager.

As an employer, the individual directing care or his or her representative takes on some responsibilities that he or she must be fully aware of. Employer Responsibilities include:

- Complete online training (alternate formats are available) and review a checklist that verifies his understanding of the program and its requirements.
- Train the caregiver according to his or her care needs. These must be within the scope of allowable activities. In some cases, the individual directing care may need to arrange for outside training, but the cost of this is not covered under the A & D Medicaid Waiver.

As an employer, the individual directing care or his or her representative takes on some responsibilities that he or she must be fully aware of. Employer Responsibilities include:

- Keep and send in timesheets or monitor telephone call-in and call-out times.
- Set-up a back-up plan for care when the attendant is unavailable. (see additional information on Slide entitled "Individual / Employer's Responsibilities: Back Up Plan")

Many tools are provided to the individual to aid in this process. Worksheets, included in the individual's manual, can be used:

- to create a comprehensive list of the Individual's needs,
- to develop a job description for employees and
- to outline a back up plan for care,
- to guide an individual through the interviewing and hiring process.

If a spend-down is required, an individual is responsible for paying for services until Medicaid services are activated.

Employer's must have a back up plan the services they need. A back up plan may be designed many different ways, among options are:

- A second attendant, as a back-up plan
 - If paid, these attendants must be enrolled and meet same requirements.
 - If informal arrangement and not paid,
 no enrollment required for these back up attendants.
 - It may be easier to have more than one regular attendants (employees) and ask them to back each other up, rather than having an attendant designated to be for back up purposes only.

Employer's must have a back up plan the services they need. A back up plan may be designed many different ways, among options are:

- An Agency-based back-up plan
 - Make arrangements in advance with an agency. If an individual is still using an agency for other services (such as medical), the agency may be willing to provide back up services.
 - Arranging an agency for back up may be difficult. It is very difficult for them to schedule enough staff to cover their regular schedules. Adding for emergencies outside their normal services is very hard to anticipate.
 - If an agency agrees to be a back up, they are paid at their normal rate. They would be paid under the individual's plan of care, but not within the Self-Directed Attendant Care program.

Please note that hours that are designated for back-up, if any, are not transferable to regular hours for services.

Who is eligible to be a Personal Attendant?

- Must be at least 18 years of age
- Can be a family member (*see next slide)
- Must not have been convicted of a felony
- Must review training materials
- Must be registered with Fiscal Intermediary before providing care and being paid by the Medicaid program
- Must provide copy of driver's license and proof of insurance if providing transportation



Who is **not** eligible to be an Employee / Personal Attendant?

The following individuals are not permitted to be employees / Personal Attendants:

- Spouses
- Parents of a minor child, if the child is the individual receiving care
- Persons who are legally responsible for the individual receiving care
- Persons who are serving as Representatives

Employee Compensation

- Units of care are measured in 15 minute increments, similar to current system, following the plan of care/cost comparison budget.
- Employees will be paid at a rate of \$9.80 (effective 10/2006) per hour.
 Raises will be determined by the State of Indiana. (The figure in INsite is higher to cover the taxes that the employer is responsible for paying.)
- Taxes will be withheld from paychecks. Paychecks are issued every two weeks.
- The State of Indiana will cover:
 - taxes on behalf or the employer, in addition to
 - unemployment insurance
- Contributions are made to provider's Social Security and Unemployment Compensation accounts.
- There is **no** Worker's Compensation for this program.
- Service hours will be limited to no more than 40 hours per week per provider for this employer. <u>No overtime will be paid.</u>

What is a Fiscal Intermediary?

A Fiscal Intermediary processes payroll and completes tax processes on behalf each individual who authorizes the FI to act on his or her behalf. The State of Indiana has contracted with Public Partnerships, LLC to perform the role of fiscal intermediary for this program.

Specifically, a Fiscal Intermediary:

- Pays employees/personal attendants on behalf of waiver program participants
- Withholds and deposits taxes, and files tax and labor reports on behalf of waiver program participants
- Provides the individuals, employers and case managers with regular reports that show how authorized units have been spent, and the amount of taxes paid
- Responds to questions from individuals, employers, employees, and case managers
- Administers the limited criminal history

About Public Partnerships, LLC (PPL)

- Public Partnerships, LLC (PPL) is an affiliated company of Public Consulting Group, Inc. (PCG). PCG is a national consulting firm focused on assisting state and local governments to dramatically improve their financial and operational performance.
- PPL was founded in 1999 to focus exclusively on the financial operations of consumer-directed services.
- PPL contracts in twelve other states to serve as the Fiscal Intermediary for a variety of human services populations, including mental health, developmental disability, adult protective services, child protective services, and foster care arrangements.
- PPL was hired by Indiana FSSA to be the Fiscal Intermediary for the self-directed care program that is part of the Aged & Disabled Medicaid Waiver.

Steps Individuals Take to Become **Employers**

Ingredients for Success

- Teamwork
- Education
- Communication

Monitor Spending

Manage Staff

Submit Time Worked, PPL does Tax Forms (W2, etc.)

Recruit Staff

Obtain Hiring & Supervision Tips Submit Limited Criminal History & **Employee Tax Forms to PPL**

Complete Tax Forms Complete Employer Tax Forms & Give PPL authority to withhold & submit taxes as your Agent, or "Payroll Department"

Establish Plan Identify Services, Employers and Costs

Case Manager Meeting Clarify Needs and Goals Develop Service Plan

Managing Payroll Responsibilities

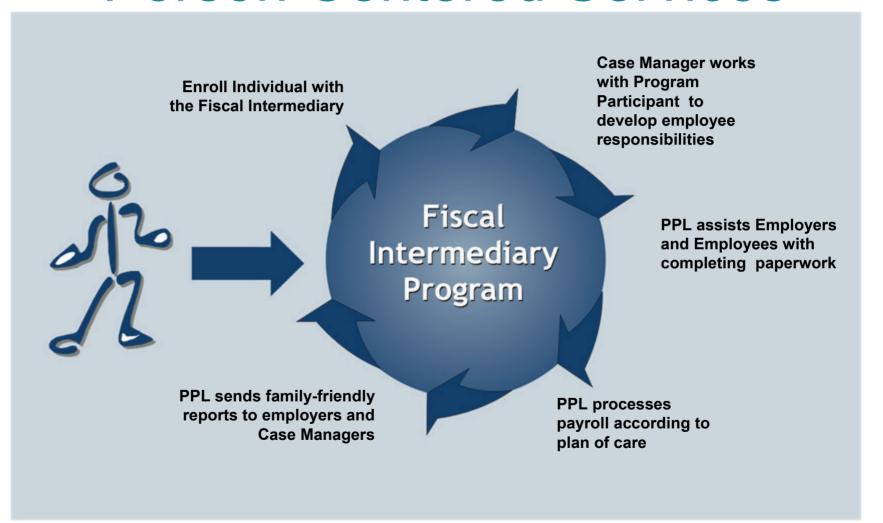
Employer's To Do...

- ☐ Complete initial paperwork
- Define job and schedule
- ☐ Recruit, interview, train, discharge staff (if necessary)
- ☐ Verify employment eligibility by certifying USCIS Form I-9
- ☐ Sign appropriate tax and employment forms
- ☐ Monitor employee's units of service
- ☐ Review, sign & submit timesheets

Public Partnership's To Do ...

- Serve as "Payroll Department"
- ☐ Administer limited criminal history
- ☐ Issue paychecks per timesheets
- ☐ Withhold all necessary taxes
- ☐ File monthly, quarterly and annual tax and labor reports
- ☐ Issue annual W-2 wage statements
- ☐ Manage service units
- ☐ Provide individuals, employers and case managers with monthly reports of FI spending on individuals' behalf
- ☐ Respond to all questions

Self-Directed: Person Centered Services



Fiscal Intermediary Benefits

- Employer's personal income tax is not affected.
- Employees will receive a W-2 statement at the end of each calendar year.
- Contributions are made to provider Social Security and Unemployment Compensation accounts.
- Employees receive bi-weekly paychecks, based on time reported to PPL.

Overview of Employer Forms

- Indiana Form Individual Receiving Care/Employer Training Worksheet. This requires individuals to agree to their roles and responsibilities. This is the **ONLY** form that case managers must sign.
- Indiana Form BT-1 Business Tax Application. This state form is used to register individuals as employer and authorizes PPL to perform withholding and other tax preparation/filing functions at the state level.
- Indiana Form POA-1 Power of Attorney. This state form authorizes PPL to perform withholding and other tax preparation /filing functions on behalf of the individual at the state level.
- Indiana Form 52227 Power of Attorney. This state form authorizes PPL to file Unemployment Insurance reports on employer's behalf.
- Indiana Form EFT-1 Electronic Fund Transfer for Authorization Agreement Form.

Overview of Employer Forms

- IRS Form SS-4 Application for Employer Identification Number. This federal form is used to apply for a new tax identification number as an employer.
- IRS Form 2678 Employer Appointment of Agent. This federal form authorizes PPL to act on behalf of an individual to perform withholding and other tax preparation/filing functions.
- IRS Form 2848 Power of Attorney & Declaration of Representative. This federal form authorizes PPL to speak and write to the IRS on the individual's behalf about tax withholding issues only.
- IRS Form 8821 Tax Information Authorization. This federal form authorizes PPL to speak with the IRS on behalf of the individual about tax withholding issues only.

Overview of Employee Forms

- USCIS Form I-9 Employment Eligibility Verification.
 This federal form tells the USCIS that the employee is eligible for employment in the United States.
- IRS W-4 Form Employee's Withholding Allowance Certificate. This federal form tells the IRS about the withholding allowances for which the employee is eligible.
- Form WH-4 Employee's Withholding Exemption and County Status Certificate. This form tells the State about the withholding allowances for which the employee is eligible.

Overview of Employee Forms

- Employment Terms and Conditions This form serves as a contract between employers and employees.
- Employee Data Form This form collects basic demographic data about employees.
- Employee Training Checklist This form is documentation of employee understanding of selfdirected care.
- Federal Tax Exemption Information Form This form is to be completed by family members serving as employee for the purpose of identifying special tax circumstances.

There are two methods for submitting time worked:

- Telephonic timesheet (preferred method)
- Physical timesheet (back-up method)
- The telephonic timesheet is done over the phone.
 - 1) The employee calls a toll-free phone number upon arrival.
 - 2) The employee enters the individual's Medicaid ID# and their Employee ID# in order to "clock in".
 - 3) After services have been performed, the employee calls the same toll-free number to "clock out".
 - 4) The employee will enter a service code and activity codes for the services performed.
- Service hours will be limited to no more than 40 hours per week per provider for each individual enrolled.
 No overtime will be paid.

There are two methods for submitting time worked:

- Telephonic timesheet (preferred method)
- Physical timesheet (back-up method)
- The physical timesheet is completed every two weeks and signed by both the Employer and Employee. The timesheet can either be:
 - faxed using a toll-free fax number, or
 - mailed to PPL
- Service hours will be limited to no more than 40 hours per week per provider for each individual enrolled.
 No overtime will be paid.

Here is an example of a correctly completed time sheet.

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Timekeeping: Activity Codes

Service and Activity Codes are entered as you are logging (clocking) out. These codes refer to the services that you provided. The following is a list of some Service and Activity Codes:

Service Codes

01 Personal Care



Activity Codes

- 11 Bathing
- 12 Grooming
- 13 Hair Care
- 14 Walking
- 15 Meal Preparation
- 16 Housekeeping
- 17 Laundry
- 18 Errands
- 19 Other Tasks

Additional information concerning the process of timekeeping can be found:

- by reviewing the online training for the Fiscal Intermediary Services
- Or, by referring to the employee manual:
 A Guide for the Individual Providing Care

Overview of Reporting

- Family Reports: Detailed monthly reports for each service includes amount of funds spent and remaining funds
- Case Manager Reports: Detailed monthly reports allow monitoring and managing resources across individuals
- Funder Reports: Detailed monthly reports include year-to-date spending and services
- Customized Reports: Generated as needed

Family Friendly Report

- Designed for a family audience
- Summarizes account spending activity to date
- Reflects budget variances
- Easy to read and understand
- Mailed directly to case managers and families on a monthly basis
- Can be produced in multiple languages



PUBLIC PARTNERSHIPS, LLC

148 State Street, 10th Floor Boston, MA 02109 (617) 426 2026

YEAR TO DATE SPENDING SUMMARY REPORT

Account Information

nt, Jim	ISNB#:
ess	Case Manager:
tate Zip	Report Print Date:
	Fiscal Year-Period:

How to Read this Report

Read the chart below to see how much money you have spent for each item compared to how you budgeted. Check the "remaining balance" column to see if you still have funds available for each item. If there are no "()" around the amount, that means you still have funds available to you for that service item. But, if there are "()" around the "Remaining Balance" amount, that means you have exceeded the dollars budgeted to you for that service item. A zero indicates that you have no funds budgeted for that item, but you may have submitted invoices for payment. Additional pages may follow this summary that include detailed payment information.

How Much of My Budget Have I Spent Through April 30, 2001

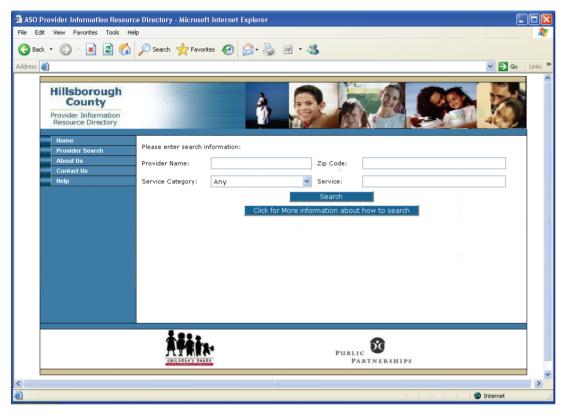
Service Description	Funds Budgeted	Funds Spent YTD	Balance	% of Funds
Personal Attendant Services	3,392.72	1,174.80	2,217.92	65%

GRAND TOTALS 3,392.72 1,174.80 2,217.92 65%

Network Development

- Network is infinite!
- Individuals select providers based on their plan of care.
- Employees may be traditional or nontraditional.
- Potential for family members to become employers.

Website & Provider Registry



www.publicpartnerships.com

- Contains forms and training materials
- Allows individuals and case managers access to provider database
 - Includes services, credentials, hours, location, and contact information for providers who choose to be listed

Step by Step

Individual completes training & calls case manager.

If individual is interested, he or she is directed to training materials.

Case manager or individual calls fiscal intermediary (FI) to request enrollment packet.

Case manager & individual develop plan of care/cost comparison budget.

If attendant care is approved, case manager informs individual of availability of self-direction option.

START

Case manager assesses training and fills out initial checklist with the individual, verifying that the individual is qualified for the program. (If individual is not qualified, case manager proceeds with another form of care.)

Case manager works with individual to complete "Personal Assistant Responsibilities" form (see Appendix).

Fiscal intermediary enrolls employee, if he or she is deemed eligible.

The FI will inform the case manager once all the paperwork is completed.

Case manager may have to arrange for agency-based care while the paperwork is being processed

Once notified by the FI, the case manager makes the necessary changes in INsite.

Case manager enters "self-directed" under "attendant care" in INsite and chooses PPL as the service provider.

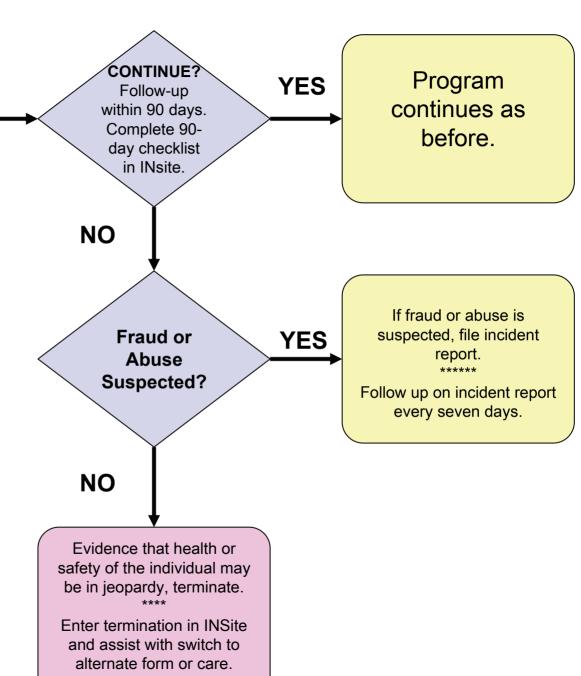
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Once notified by the FI, the case manager makes the necessary changes in INsite.

Case manager enters "self-directed" under "attendant care" in INsite and chooses PPL as the service provider.

Step by Step



Case Manager Enrollment Checklist

The Case Manager:

- reviews responsibilities and the importance of checklists (see next slides for examples) with an individual interested in enrolling in SDAC
- provides the Customer Service Hotline Telephone Number (866) 264-2296 to interested individuals



Individual Receiving Care/Employer Training Checklist

As a participant in the Indiana Self-Directed Attendant Care Program, or as a representative of a participant in the Indiana Self-Directed Attendant Care Program, I the undersigned, affirm that I have received training in how to fulfill my role in the program and am presently in good understanding of how the program will work and what my responsibilities will be:

- · I, affirm I am capable of performing the duties required of an employer.
- I accept full responsibility for direction of my own personal care and managing the hours that
 have been approved for my needs in my plan of care.
- My representative or I will hire, train (using the training program provided by this program),

Individual Receiving Care / Employer Training Checklist

nderstood these responsibilities and will
Date

Case Manager Enrollment Checklist



Self-Directed Attendant Care Enrollment Checklist

Client Name: 400, BRICKYARD I Checklist Date: / /

This document contains Protected Health Information which is governed by the Health Insurance Portability and Accountability Act (HIPAA) and may only be disseminated to authorized individuals!

I, the undersigned case manager, affirm that the participant has received training in how to fulfill his responsibilities in the program and is in good understanding of how the program will work and what his responsibilities will be.

pons No	e Checklist Question
	Participant is capable of performing the duties required of an employer
	Participant accepts full responsibility for direction of his personal care and managing the hours that have been approved in the plan of care.
	Participant is prepared to hire, train (using the training program provided by this program), supervise, and dismiss (if needed) an employee who will perform the duties of his personal attendant.
	Participant understands he will be receiving an enrollment packet from the Fiscal Intermediary and will need to complete all necessary paperwork required to become an employer.
	Participant understands his employee(s) will need to complete the necessary paperwork provided by the Fiscal Intermediary before starting work.
	Participant understands the process of reporting the time his personal attendant has worked and understands the program's timekeeping procedures.
	Participant is aware that his personal attendant cannot provide more than 40 hours of service in a one-week period and will arrange for service from another attendant if he requires additional services.
	Participant is aware that if he has a spend-down, the spend-down requirement must be met before the attendant(s) can be paid.
	Participant is aware he must inform the Fiscal Intermediary of any changes of employment.
	Participant has developed a written back-up plan.
	Participant has identified emergency information which will be available to the personal attendant.
	Participant understands he is responsible for addressing any quality of care issues directly with his provider.
	Participant is aware of how to report abuse or fraud promptly to the specified authorities and to the case manager.



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		Checklist Date: / /									
	pons										
Ye	s No	Checklist Question									
		Participant understands that the case manager will be checking in at 90-day									
		intervals and will file an incident report to the State to report any quality-of-car-									
		issues or lapses in employer responsibilities.									
		Participant understands that if these issues are not resolved that the case									
		manager can revoke eligibility for the self-directed care program.									
	Participant understands he will be required to address Incident Report issues										
	when investigated by the State. Participant further understands that failure to										
		do so may result in termination from the self-directed care program.									
	Participant is aware of the Customer Service Hotline and how to contact it.										
re ex	pres	e case manager of the above participant I ce sentative, is fully capable of participating in the ting the responsibilities of an employer per that. al.	ne Self-Directed Care Program and								
_	(Cas	se Manager Signature)	(Date)								
**** N	lames	s of Attendants ****									
**** C	omm	nents ****									

90-Day Checklist

Case Manager 90-Day Checklist

- Consumer or their representative continues to be capable of performing the duties required of an employer.
- The number of hours of care the provider has delivered is in line with the plan of care PA(s) has/have not provide over 40 hours of service in a 1-week period in the plan of care.
- Consumer or representative has submitted timesheets and completed all necessary paperwork as requested by the fiscal intermediary.
- Consumer or representative has hired, trained and is actively supervising the PA.
- Consumer or representative is able to address quality of care and or performance issues with the PAI
- Provider is providing all services appropriately as stated in plan of care and as described in the consumer/provider responsibilities worksheet.
- Consumer has a written back up plan back up provider is still available to provide care.
- Emergency information is up to date and available to the PA.
- There are no issues of abuse, fraud, or neglect.

Signature Case Manager	Date
representative of a participant in the Inc undersigned affirm that the care I am re quality of this care. I am aware of the	Self-Directed Attendant Care Program, or as a diana Self-Directed Attendant Care Program, I the eceiving is appropriate and I am satisfied with the eprocedures to report fraud, abuse and how to ttendant Care Program. I wish to continue to ogram.
Signature/Self-Directed Care Participant Representative	t or Date

Addressing Quality

- The Initial Checklist in INsite addresses the competency and eligibility of the individual. (Denials can be appealed through standard appeals process.)
- Activity Codes are included in timekeeping responsibilities to document duties performed.
- Case Managers will complete 90-Day Checklist to reaffirm client's eligibility.
- Case Managers may withdraw eligibility at any time if client's safety or health is in jeopardy and arrange for agency based care.
- BQIS Incident Reporting System Rollout will be used to identify and resolve other issues.
- The Case Manager should work to address issue and file 7-day reports as per current procedures.
- The enrolled individual directing his or her care signs off that they
 want to continue and are satisfied with their care.

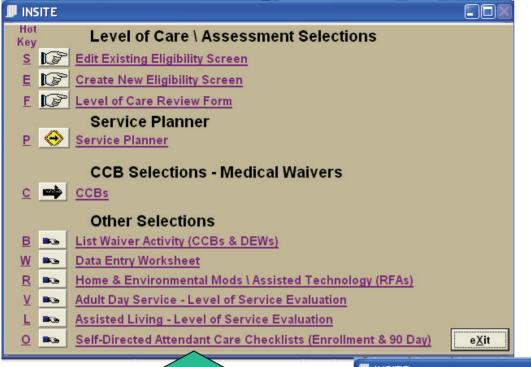
Quality Assurance

Case Managers will follow up with individuals every 90 days, to ensure that the program is working as planned, or to address any problems that arise.

If a negative report is made, the case manager will file an incident report with the Indiana Family and Social Services Administration (FSSA). An internal committee within FSSA will review quality complaints.

Unresolved, negative quality reports will lead to appropriate action which may include dismissal and removal from the provider registry.

Employees will be notified, in writing, of any complaints and of action to be taken. There is a process in place for appeal.



INsite Selection Screens

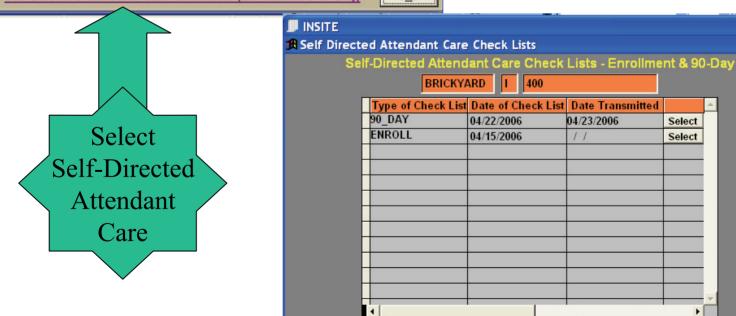
Print BLANK - Enrollment

Print BLANK - 90 Day

Select

Select

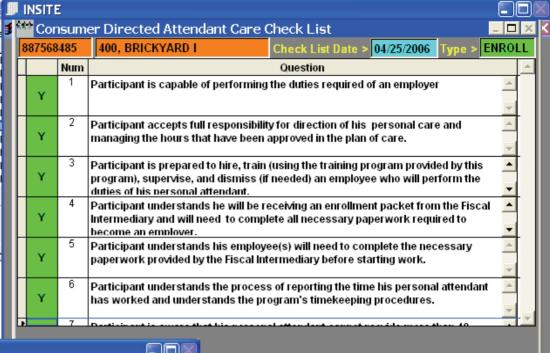
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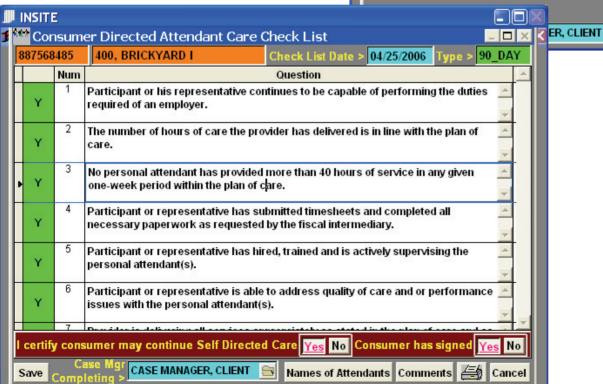
New Check List - Enrollment

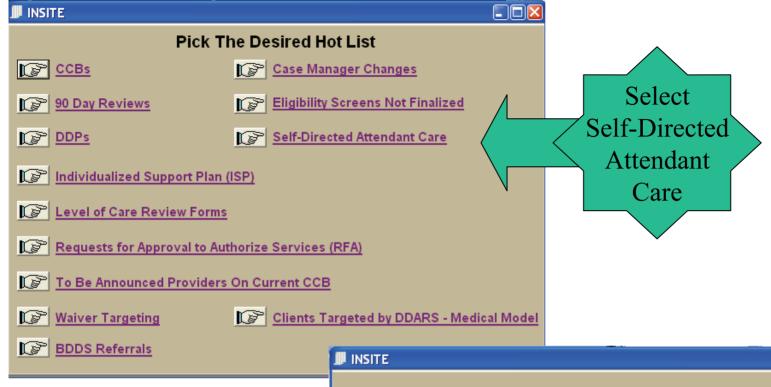
New Check List - 90-Day

INsite Checklists



Names of Attendants | Comments | 🗐 | Cancel





INsite Hot List Screens



Program Tools

 Self-Directed Attendant Care: A Guide for the Case Manager.

 Self-Directed Attendant Care: A Guide for Individuals Directing Their Own Care.

- Covers how to be an employer; timekeeping responsibilities, advertising, interviewing, evaluations, handling concerns, etc.
- Self-Directed Attendant Care: A
 Guide for the Individual Providing Services.
 - Covers timekeeping responsibilities; procedures for lifting, bathing, and care instructions; interacting with a person with a disability; Universal Precautions, etc.

Manuals, Forms & Training Materials

Available

- through INsite,
- online,
- on cd, &
- in alternative formats, upon request

Where To Go For Help / Customer Service Hotline

General	Public Partnerships
Customer Svc	(866) 264-2296
	Attorney General
	(800) 382-1039
Fraud	Medicaid Fraud
	(317) 232-1217
	(800) 457-4515
Abuse & Neglect	Adult Protective Services
ti en to Table of Contents	(800) 992-6978

Next Steps

- Upon completion of this training, you may want to review your caseload and contact individuals who may be eligible for program.
- The Fiscal Intermediary presentation discusses in more detail the payroll and tax functions that they perform.
- In addition, you may want to read the case manager manual for this program or call us with your questions.